

Clinical features of raised intracranial pressure

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Symptoms of raised ICP include a 'high-pressure headache' that is worse on coughing or bending forward. By contrast, low-pressure headaches, typically associated with excessive cerebrospinal fluid (CSF) drainage, are worse on standing. High-pressure headaches may be accompanied by nausea and vomiting, blurred vision and double vision: cranial nerve compression can result in eye movement and pupil abnormalities. Fundoscopy can detect papilloedema (Figure 48.1), but this takes time to develop so may be absent in the acute phase. Before closure of the skull sutures in infancy , raised ICP presents differently with an increase in head circumference, prominent scalp veins and a tense bulging fontanelle. In infants and older children, raised CSF pressure results in dorsal mid - brain compression with a loss of upgaze known as sunseting, a feature of Parinaud's syndrome (Figure 48.2). Raised ICP requires urgent evaluation and management: delay risks progression to cerebral herniation resulting in cardiovascular instability , neurological deficit and death. Vision may also deteriorate rapidly and irreversibly . Where there are pupil changes or a deterioration in conscious level, anaesthetic and

Figure 48.1 Papilloedema. The optic disc is swollen with blurred margins. To be aware of common developmental and other • pathologies encountered in paediatric neurosurgical practice and emergency paediatric care To understand the indications and approaches available • for the management of epilepsy, pain syndromes and movement disorders To note key practical and ethical issues relating to • consent and risks, Creutzfeldt-Jakob precautions and the diagnosis of brainstem death Figure 48.2 Parinaud's syndrome with sunseting.

administer hypertonic saline or mannitol and arrange urgent computed tomography (CT) imaging. Clinical features of raised intracranial pressure

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